U.S. Department of Labor Office of Labor-Management Standrids Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1/46 7	2. Físcal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name William M Shappell	Name Teamsters Local Union No. 429	
	Labor Organization File Number 033-012	
P.O. Box, Bldg., Room No., if any P.O. Box 15222	P.O. Box, Building and Room Number, if any P.O. Box 15222	
Street	Street :	
City Reading	City Reading	
State Pennsylvania ZIP Code + 4 19612-5222	State Pennsylvania ZIP Code + 4 19612-5222	
5. Position in labor organization.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.     Name and address of Employer (including trade name, if any).	derived income or other economic benefit of lon represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organization	lon represents or is actively seeking to represent.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see	ring documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)	
Signed Late War all Manager	On 8/5/2005 610-320-5521	

Date

Telephone Number

Name of Person Filing William Shappell		File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or othe of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	
Name and address of Business (including trade name, if any).	Business deals with:	
Name Central PA Teamsters Pension Fund	Walter sign	
Trade Name, if any:	a. Labor Organization	no
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 1055 Spring Street	* Annal	
City Wyomissing		
State Pennsylvania ZIP Code + 4 19610		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	
Name	Taft Hartley Pension	n Fund sponsored by the Local
	• Sound of States	
g real of Alam to great part of the service and the service an	Property of the state of the st	
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value	of such dealing. \$2 billion +
City	12.a. Nature of interest held	
State ZIP Code + 4	Reimbursement for I	el, and Travel Expenses nternational Foundation nces for Trust related business
	12.b. Amount.	\$2,080
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	Committee of the control of the cont
Name		
Trade Name, if any:	Transport value around	
P.O. Box, Bldg., Room No., if any	one time o management	***
Street	**************************************	; ; ;
City	NAAA/MIRRA OOMA	
State ZIP Code + 4		
	14.b, Amount of payment.	Section 1 to 1
13.b. Is the Business an Employer or Consultant ?		ex-

Name of Person Filing	William	Shappell
	nrrram	DHabberr

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

	9. Business deals with:	<del></del>
8. Name and address of Business (including trade name, if any).	or Business assure with	
Name Central PA Teamsters Health & Welfare Fund	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1055 Spring Street	c. Employer	
City Wyomissing State Pennsylvania ZIP Code + 4 19610		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Taft Hartley Health & Welfare Fund Local Union	sponsored by the
Trade Name, if any:		a de la composition della comp
P.O. Box, Bldg., Room No., if any	The state of the s	,
Street	· · ·	**************************************
City	The state of the s	A
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$74,000,000
	12.a. Nature of interest held or income received.	***************************************
	Mileage, Meals, Hotel, and Travel Expenses Reimbursement for International Foundation Educational	
	Conferences for Trust related busin	ness
		, .
		Water State
	A Section of the Conference of	· · · · · · · · · · · · · · · · · · ·
	12.b. Amount.	\$1,607

Name of F	Person Filing	William	Shappel 1
Manie Oi i	CISON I MING	, wittiam	Snapper.

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

	9. Business deals with:	· · · · · · · · · · · · · · · · · · ·
8. Name and address of Business (including trade name, if any).	3. Dualitess deals with.	
Name Willig, Williams & Davidson	〖 x a. Labor Organization	
Trade Name, if any:	X a. Labor Organization	
The state of the s	b. Trust	
P.O. Box, Bldg., Room No., if any 24th Floor	50.4	
Street 1845 Walnut Street	c. Employer	
City Philadelphia		
State Pennsylvania ZIP Code + 4 19103		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	halasansa ka ana marannan sa a a a a a a a a a a a a a a a a
Name Central PA Teamsters Pension/Health Fund	Legal Counsel to Local Union and P Fund.	ension/Health
Trade Name, if any:		**************************************
P.O. Box, Bldg., Room No., if any		in the second of
Street 1055 Spring Street		
City Wyomissing		
State Pennsylvania ZIP Code + 4 19610	11.b. Approximate dollar value of such dealing.	\$843,410
	12.a. Nature of interest held or income received.	
	4 Baseball Tickets, 2 Football Tick	kets
		-
	The continues of the co	-
		No see on the see of t
•	· ·	
	12.b. Amount.	\$330